

33849

S. No. 2
M-2-43
5-17-38
I X35897DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

Registration District No. 149Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 917 Central
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 In this community 40 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

ERNST KLOS

3. (b) If veteran,

name war no

3. (c) Social Security

No. 494 14 7266

4. Sex Male 5. Color or race Wh
 6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 5 1866
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 7 8
 hr. _____ min.

9. Birthplace St. Joseph Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Francis Klos13. Birthplace Germany (City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Germany (City, town, or county) (State or foreign country)16. (a) Informant Mrs Mary A. Seidel16. (b) Address 5428 Highland Ave17. (a) Burial (Burial, cremation, or removal)17. (b) Date thereof 10 15 1943 (Month) (Day) (Year)17. (c) Place: burial or cremation Green Lawn Cem18. (a) Signature of funeral director Eylar Funeral Home18. (b) Address 1800 L. nwood Blvd19. (a) 10-15-43 (Date received local registrar)19. (b) J. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1306 Charlotte
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 da 13
 year 40 hour 12:45 minute _____ M.

21. I hereby certify that I attended the deceased from _____

that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Fracture of the skullDue to Fell from ladder

Due to _____

Other condition Coming down

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy See above

Underline the cause to which death should be charged statistically.

1860 39

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident(b) Date of occurrence 10/13/43(c) Where did injury occur? 917 Central (City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes

While at work _____ (Specify type of place)

(e) Means of injury 10/13/4323. Signature J. E. Brown (M. D. or _____)Address Jan Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Chas Wilks

Licensed Embalmer No.....

2644

P. O. Address.....

1800 Linwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.